

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1262

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. **222**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution St. Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 2 Days
years, months or days

3. (a) PRINT FULL NAME

Joseph Leo Schofield

3. (b) If veteran, name war. No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida B. Schofield

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Sept. 18 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 27b

If less than one day
hr. min.

9. Birthplace Missouri
(City, town, or county)

(State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Benjamin A. Schofield

13. Birthplace Mo.
(City, town, or county)

(State or foreign country)

14. Maiden name Mary E. Brown

15. Birthplace Mo.
(City, town, or county)

(State or foreign country)

16. (a) Informant Mrs. J. L. Schofield

(b) Address Harrisonville, Mo.

17. (a) Burial

(Burial, cremation, or removal) (b) Date thereof 1-1 7-41
(Month) (Day) (Year)

(c) Place: burial or cremation Orient Cemetery, Harrisonville, Mo.

18. (a) Signature of funeral director James Berger's, Sun House

(b) Address Harrisonville, Mo.

19. (a) Jan 5 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass
(c) City or town Harrisonville Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1940 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from As Pathologist, to 19 ;
that I last saw him alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration

Due to Myocardial Infarction 97

Due to Atherosclerosis of abdomen

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J. E. Halliday (M. D. or other)

Address Harrisonville, Mo. Date signed 1/13/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Frank E. Rummelberger

Licensed Embalmer No. *2691*

P. O. Address *Harrisonville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.